UNITED STATES HOUSE OF REPRESENTATIVES For New Members, Candidates, and New Employees	
Name: Javanta D Doctor	18 MAY 10 PM 1: 45
New Member of or Candidate for State: TCYAS U.S. House of Representatives District: 9 Candidates - Date of Election: November 2018	U.S. HOUSE OF REPRESENTATIVES (Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? Or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? E. Did you hold any reportable period or in the current calend	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? Yes No
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period? F. Did you have any reportab outside entity during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar Yes No No Year up through the date of filing?
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period? Yes No J. Did you receive compensation of more than \$5,000 single source in the current year and two prior years?	J. Did you receive compensation of more than \$5,000 from a Yes No Single source in the current year and two prior years?
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	ANSWER "YES" REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH	TH OF THESE QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	not be disclosed. Have you excluded Yes No X
EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of a spouse or dependent child be exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	ild because they meet all three tests for Yes No 🙀

SCHEDULE A - ASSETS & "UNEARNED INCOME"

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\$5,000, list every financial institution where there more than \$1,000 in interest-bearing accounts. in the optional column on the far left. rovide a complete address or ownertal property," and a city and state. Provide complete names of stocks and mutual funds (do not use only ticker symbols). production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income please refer to the instruction booklet f you have a privately-traded fund that is an Excepted nivestment Fund, please check the "EIF" box. nterest in, or income derived from, a federa etirement program, including the Thrift Savings Plan Exclude: Your personal residence, including second nomes and vacation homes (unless there was rentations) or rental and other real property held for investment provide a complete address or description, e.g. or all IRAs and other retirement plans (such total) plans) provide the value for each asset held to account that exceeds the reporting thresholds. or a detailed discussion of Schedule A requirement hat is not publicly traded, state the name usiness, the nature of its activities, a ĝ dentify (a) each asset held for investment you so choose, you may indicate that an asset or come source is that of your spouse (SP) or ependent child (DC), or jointly held with anyone (JT), come during the reporting period); and any financial sterest in, or income derived from, a federal eographic location in Block A. or an ownership interest in a privately-held business or bank and other cash accounts, total the amount in interest-bearing Assets and/or Income Sources generated tdward Jones Jea Hunder Bonk CD Marcus Saumas more than Simon & Schuster ABC Hedge Fund Aega Corp Stock **BLOCK A** \$200 in the total is nt plans (such as "uneamed and of 949 # × 흜茦 ᄋ Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. *Column M is for assets held by your spouse or dependen child in which you have no interest. If an asset was sold during the reporting period and included only because it generated income, the value shou None > be "None," œ \$1-\$1,000 \$1,001-\$15,000 O o \$15,001-\$50-000 × \$50,001-\$100,000 m Value of Asset \$100,001-\$250,000 т BLOCK B G × \$250,001-\$500,000 I \$500,001-\$1,000,000 \$1,000,001-\$5,000,000 \$5,000,001-\$25,000,000 ے $\overline{}$ \$25,000,001-\$50,000,000 Over \$50,000,000 _ Spouse/DC Asset over \$1,000,000* Z ou Check all columns that apply. For accounts reset that generate tax-deferred noome (such as a 401(k), IRA, or 529 accounts), you may check a such that the "Tax-Deferred" column. Dividends, Cliniferrest, and capital gains, even if ruin interrest, and capital gains, even if ruin wested, must be disclosed as income to the such that the taxable accounts. Check and the such that the asset generated no income NONE during the reporting period. × DIVIDENDS RENT Type of Income INTEREST BLOCK C CAPITAL GAINS EXCEPTED/BLIND TRUST TAX-DEFERRED 8 Other Type of Income (Specify: e.g., Partnership Income or Farm Income) For assels for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, Interest, and capital gallar, syen if Iralnvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated. None *Column XII is for assets held by your spouse or dependent child in which you have no interest × \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 < **Current Year** \$2,501-\$5,000 < ≤ \$5,001-\$15,000 × ≨ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 攵 \$1,000,001-\$5,000,000 Amount of Income ᆇ Ower \$5,000,000 BLOCK D ≚ Spouse/DC Income over \$1,000,000 None _ \$1-\$200 × \$201-\$1,000 = ~ \$1,001-\$2,500 Preceding Year < \$2,501-\$5,000 ≤ \$5,001-\$15,000 ≦ \$15,001-\$50,000 ≦ \$50,001-\$100,000 \$100,001-\$1,000,000 × \$1,000,001-\$5,000,000 × Over \$5,000,000 ᆇ ≚ Spouse/DC Income over \$1,000,000*

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Nove >	SCHEDULE A – ASSETS & "UNEARNED INCOME" BLOCK A Assets and/or income Sources Value of Asset	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u>ئے</u> ا] \				RNED INC	چ ا [™] ق ک	ା ୍ ଅ	-	-\	-		4 !	J 1	1 3 1		Name: BLOCK C Type of Income		me e	5			الم الم			0060		1 16		BLOCK D Amount of Income		BLOCK D	I g old] § []		Page		ا دا ا	1 110-			9	1 4 e	g 4
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		None	\$1-\$1,000	\$1,001-\$15,000	\$15,001,\$80,000								<u></u>		·	DIMDENDS	RENT	INTEREST	CANTAL GAINS	EXCEPTED/BLIND TRUST	TAX-DEFERRED	Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	Mana	\$1-\$200	\$201.61,006		the said of the sa		<u> </u>		the state of the same of the s	~ · · · · · · · · · · · · · · · · · · ·	and the second s						The man be made	\$2,567,\$6,000	\$5,001-\$15,000	\$5,001-\$15,000 \$15,001-\$00,000	\$5,001-\$15,000 \$15,001-\$50,000 \$50,001-\$100,000	\$5,001-\$15,000 \$15,801-\$00,000 \$50,001-\$100,000 \$100,001-\$1,000,000	\$5,001-\$15,000 \$15,801-\$85,000 \$50,001-\$10,000 \$100,001-\$1,000,000 \$1,000,001-\$5,000,000	\$5,001-\$15,000 \$15,801-\$00,000 \$50,001-\$100,000 \$100,001-\$1,000,000
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SCHEDULE C - EARNED INCOME

Name: Page_ 2 앜

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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						_	ABC Trade Association, Baltimore, MD (July 16) State of Maryland	Source (ilicidde date of fecelpt for horiotalia)		INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.
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						Spouse Speech Spouse Salary	Honorarium Salary	Type		income may apply to you after you limit is \$27,765. In addition, certal or staff.
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						\$1,000 N/A	\$500 \$76,000	Preceding Year	Amount	I limit on outside earned income for ia, director's fees, and payments for

SCHEDULE D - LIABILITIES

Name: LoKesha Rojus	Page 5 of 7
g the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting red by real property including mortgages on their personal residence. Exclude : Any mortgage on your personal residence usehold furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and	nt owed during the reporting so nyour personal residence you are personally liable); and
your shouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period.	e close of the reporting period

exceeded \$10,000. Report liabilities of over \$10,000 owed to any one creditor at any time during (unless you rent it out or are a Member); loans secured by automobiles, hou liabilities owed to you by a spouse or the child, parent, or sibling of you or period. New Members: Members are required to report all liabilities secur *Column K is for liabilities held solely by your spouse or dependent child.

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		Federal Ed	First Bank of Wilmington, DE	Creditor		
		5/01	5/98	Liability Incurred MO/YR		
		student loans	Mortgage on Rental Property, Dover, DE	Type of Liability		
				\$10,001- \$15,000	>	
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				Over \$50,000,000	۲	
				Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an hororary nature. New Members and second-year candidates report positions held in the reporting

Position Position Name of Organization Name of Organization		 	_	_		_
Name of Organization Name of Organization		222			Position	period and the current calendar year. First-year candidate
					Name of Organization	es and new employees report positions held in the current calendar year and two previous years.

SCHEDULE F - AGREEMENTS

Name: LAKESHA ROGERS Page (

Identify the da continuation of employer.	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employmen continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in employer.	ave with respect to: future employment; a leave of absence during the period of government service; vernment; or continuing participation in an employee welfare or benefit plan maintained by a former
Date	Parties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

			Example: Doe Jones & Smith, Hometown, Homestate	Source (Name and City/State)
			Accounting Services	Brief Description of Duties

Name:

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